

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 JUL 17 PM 8:33

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L09000100733**

1. Limited Liability Company's Name

VIMA CONSTRUCTION CGC, LLC

2. Principal Office Address - No P.O. Box #

2392 W. 80 ST.

3. Mailing Office Address

Suite, Apt. #, etc.

#6

Suite/Apt. #, etc.

City & State

Hialeah FL

City & State

Zip

33016

Country

USA

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name

ORLANDO GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

2392 W 80 ST.

Suite, Apt. #, Etc.

#6

City

Hialeah

State

FL

Zip Code

33016

E-mail Address:

000249960350

07/19/13--01029--006 **655.00

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

07-18-13

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HUGO A. VILLABONA	2392 W 80 ST. #6	Hialeah FL 33016
MGR	ORLANDO GONZALEZ	2392 W 80 ST. #6	Hialeah FL 33016

REINSTATEMENT

2010-13

S. HAWKES

JUL 19 2013

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S., and that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of Chapter 608, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted on this document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Date

07/18/13

Daytime Phone #

Typed or printed name of signing Managing Member/Manager